

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: METHOD AND SYSTEM OF PRINTHEADS
USING ELECTRICALLY CONDUCTIVE
SOLVENTS
Attorney Docket Number:: 900122.461
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?: No
Petition included?: No
Petition Type::
Licensed U.S. Gov't Agency::
Contract or Grant No::
Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Charles
Middle Name:: William
Family Name:: Rowe
Name Suffix::
City of Residence:: Medford
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 770 Highland Avenue
City of mailing address:: Medford
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02155

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: A.
Family Name:: Materna
Name Suffix::
City of Residence:: Metuchen
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 81 Rector Street

City of mailing address:: Metuchen
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08840

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: George
Family Name:: West
Name Suffix::
City of Residence:: Lawrenceville
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 13135 East Run Drive
City of mailing address:: Lawrenceville
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08648

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
----------------------------------	--	--------------

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/457,157	03/24/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Therics, Inc.
Street of mailing address::	115 Campus Drive
City of mailing address::	Princeton
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08540

C:\NrPortbl\NManage\MICHELLET468104_1.DOC [3/24/04]